

PARENT Child and Adult Care Food Program Income Application Fiscal Year 2006

Provider's Name _____ Address _____	Telephone _____ City _____ Zip _____
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Print Name _____

Address _____ City _____ Zip _____

Home Telephone # _____ Work Telephone # _____

I hereby certify that all the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal Funds; that the institution officials may verify this information; and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purpose.

Signature

Social Security Number

Date

INCOME ELIGIBILITY

Complete this part for your children **NOT** included in a eligible federally or state supported child care or other benefit programs.

Child's Name	Age	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please list **ALL NAMES** of other **HOUSEHOLD MEMBERS**. **INCLUDE YOURSELF**, OTHER ADULTS AND CHILDREN. **DO NOT INCLUDE CHILDREN LISTED IN ABOVE, UNLESS THEY RECEIVE A REGULAR INCOME**. Write the amount of the **MONTHLY INCOME** and its source each person now gets on the same line as their name. List **GROSS** income **BEFORE** deductions for taxes, social security, etc.

NAME	Monthly Earnings from work (Before Deductions)	Monthly Welfare Payments, Child Support, TANF & Alimony	Monthly Income from Pensions, Retirement and Social Security	Monthly Income from all other Income
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

FOSTER CHILDREN

Foster children are eligible for reimbursable meals regardless of the income of the household in which they reside. If you have *foster children in your home*, please indicate their names here and the total income each child receives for personal use.

Child's Name	Age	Birthdate	Income
1. _____	_____	_____	_____
2. _____	_____	_____	_____

CATEGORICAL ELIGIBILITY

Complete this part for your children if you are currently receiving benefits from any of the following programs.

LIST OF ELIGIBLE PROGRAMS - Check all that applies and give Case #

CASE #

1. Food Distribution Program on Indian Reservation (FDPIR)
2. Transitional Child Care Program (TCC) and TCC Extension
3. JOBS Child Care
4. Cash Assistance (TANF)
5. State Child Day Care Subsidy
6. At-Risk Child Care
7. Child Care and Development Block Grant (CCDBG)
8. Food Stamps Employment & Training (FSE&T)
9. Even Start
10. National School Lunch Program
11. Head Start Child qualified by income
12. WIC
13. Commodity Supplemental Food program

Child's Name

Age

Birthdate

1. _____
2. _____
3. _____
4. _____

Income Eligibility Guidelines /Free or Reduced Price Meals

Effective from July 1, 2005 to June 30, 2006

Household Size	Annual	Month	Week
1	\$17,705	\$1,476	\$341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153

**For each additional
Family member add...**

+6,031 +503 +116

WAIVER

You may release the name of my child(ren) to my child's day care home provider as program eligible.

☐ Yes ☐ No

Signature

Date

Race/Ethnic Identity: You are not required to answer this question. Please circle correct category.

**WHITE - not
Hispanic Origin**

**BLACK, not of
Hispanic Origin**

HISPANIC

**ASIAN or
PACIFIC ISLANDER**

**AMERICAN INDIAN or
ALASKA NATIVE**

Section 9 of the National School Act requires that, unless your food stamp, child's TANF, or FDPIR case number is provided, you must include a social security number on the application. This may be either the social security number of the parent or household member signing the statement, or an indication that neither household member possesses a social security number. Provision of the social security number is not mandatory, but if a social security number is not provided or an indication of none is not made that neither the primary wage earner nor the adult household member signing the application has one, the statement cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for eligible federally or state funded programs, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

For Sponsor Use Only

Approved by: _____
Approval Date: _____

Total Household Size _____
Total Monthly Income _____

Children in each category
() Eligible
() Ineligible